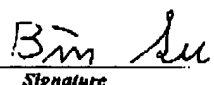
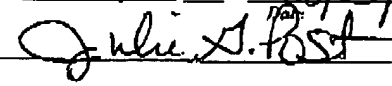


AMENDMENT TRANSMITTAL LETTER (Large Entity)			Docket No. EI-084-US-02		
Applicant(s): Quinn et al.					
Serial No. 09/300,544	Filing Date 04/27/1999	Examiner P. Mulcahy	Group Art Unit 1713		
Invention: Improved Hot Melts Utilizing a High Glass Transition Temperature Substantially Saturated Aliphatic Tackifying Resin					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	30 -	30 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	5 -	5 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 06-2241 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Signature			Dated: 08/05/03		
Bin Su, Reg. No. 51,309 H.B. Fuller Company Patent Department 1200 Willow Lake Blvd. P.O. Box 64683 St. Paul, Minnesota 55164-0683 Phone No. 651-236-5502 Fax No. 651-236-5126			CERTIFICATE OF TRANSMISSION BY FACSIMILE I hereby certify under 37 CFR § 1.8 that this correspondence is being transmitted to the United States Patent and Trademark Office, to Fax No. 703-872-9311 on 08/05/2003. Signature  Julie G. Post Typed or Printed Name of Person Signing Certificate		
CC:					

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